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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875												10/567521		
APPLICATION AS FIL (Column 1)					.ED – P/	D – PART I (Column 2)			SMALL ENTITY			OR		R THAN ENTITY
FOR			NUMBER FILED			NUMBER EXTRA		ł	RATE (\$) FEE (\$)		7	RATE (\$)	EEE (B)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))						-		1			1 (0)	1	1012(3)	3 <del>00</del>
SE	ARCH FEE						·	1				1	ļ	
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE				<del>,                                     </del>				┨			<u> </u>	-	<u> </u>	400
	CFR 1.16(o), (p), o TAL CLAIMS	77	<del> </del>				┨				ļ·		20	
(37	CFR 1.16(i))	-/-	minus :	20 = 0				x	=		OR	X =		
	EPENDENT CL CFR 1.16(h))	/	minus	-				x	=		]	x =		
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								П				l		
•   1	If the difference in column 1 is less than zero, enter "0" in column 2.								тот	AI		-	TOTAL	
							101	\_	<u> </u>	J	TOTAL	<u> </u>		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)									SMALL ENTITY			OR	OTHER	
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₩.	Application Size Fee (37 CFR 1:16(s))											OK		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))											OR		***************************************
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AMEN	Application Size Fee (37 CFR 1.16(s))							t				OR	X =	
ौ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))											OR		
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.